

AFB

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/328,120
	Filing Date	June 8, 1999
	First Named Inventor	Lovell
	Art Unit	3761
	Examiner Name	G. Dawson
Total Number of Pages in This Submission	Attorney Docket Number	SLP-005

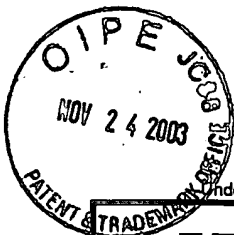
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to Group w/Exhibit A (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation of Correspondence Address Change	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	RECEIVED DEC 31 2003 TECHNOLOGY CENTER R3700
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kevin Carroll
Signature	
Date	November 20, 2003

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Type or printed	Heather Woods		
Signature		Date	November 20, 2003

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$375.00)

Complete if Known	
Application Number	09/328,120
Filing Date	6/8/1999
First Named Inventor	Lovell
Examiner Name	G. Dawson
Art Unit	3761
Attorney Docket No.	SLP-005

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	
<input checked="" type="checkbox"/> Deposit Account					
Deposit Account Number: 04-0932					
Deposit Account Name: Devine, Millimet & Branch, PA					
The Director is authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below					
<input checked="" type="checkbox"/> Credit any overpayments					
<input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
1. BASIC FILING FEE					
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	2001	770	385	Utility filing fee	
1002	2002	340	170	Design filing fee	
1003	2003	530	265	Plant filing fee	
1004	2004	770	385	Reissue filing fee	
1005	2005	160	80	Provisional filing fee	
SUBTOTAL (1) (\$)					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims	-20**=	Extra Claims	Fee from below	Fee Paid	
Independent Claims	-3**=				
Multiple Dependent					
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	
1202	2202	18	9	Claims in excess of 20	
1201	2201	86	43	Independent claims in excess of 3	
1203	2203	290	145	Multiple dependent claim, if not paid	
1204	2204	86	43	**Reissue independent claims over original patent	
1205	2205	18	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)					
Other fee (specify)					
SUBTOTAL (3) (\$375.00)					

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Kevin Carroll	Registration No. (Attorney/Agent)	36,384
Signature		Telephone	(603) 669-1000
		Date	11-20-03

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